

DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD SPECIAL MEETING



February 3, 2022 | 3:00 – 5:00 PM



THIS MEETING IS BEING RECORDED



AGENDA

- **Call to Order**
 - Virtual Meeting Processes
 - Roll Call
 - Announcement of Quorum
- **Conduct Votes on Motions Introduced at the January 20, 2022 HIE Policy Board Meeting**
 - **Board Action:** Vote to appoint Ms. Jill DeGraff, JD, as Co-Chair of the Policy Subcommittee
 - **Board Action:** Recommendation to the Board on establishing the DC Digital Health Core Competencies
- **Discuss New Concepts in the 2022 State Medicaid Health IT Plan (SMHP) Update**
- **Discuss Recommendations in the 2022 SMHP Update**
- **Additional Public Comments on the 2022 SMHP Update**
- **Announcements / Next Steps / Adjournment**

Virtual Meeting Processes



To increase engagement, turn on your video



Mute your microphone upon entry, and until you're ready to speak



Use the chat function to introduce yourself: Name, Title, Organization



Putting your phone on hold, due to an incoming call, may disrupt the meeting



Voting on a recommendation will require you to say your name followed by either 'aye' 'nay' 'abstain'



Proposed edits to the 2022 SMHP Update can be entered into the chat, which DHCF will then review internally and decide how to address.



Broader comments or questions can be raised verbally. Please use the Raise Hand feature.



Roll Call



Conduct Votes on Motions Introduced at the January 20, 2022 HIE Policy Board Meeting

- **Allocated Time: 3:05 - 3:30 PM (25 mins.)**

Board Action #1

- **Board Action:** Motion to appoint Ms. Jill DeGraff, JD, as Co-Chair of the Policy Subcommittee

Board Action #2: HIE Stakeholder Engagement Subcommittee Recommendation – Goal, Activity, and Problem Statement

Goal

Make a recommendation to establish a list of minimum core competencies which will align DHCF's current and future digital health technical assistance efforts in the District with guidance from the priorities set forth in the DC State Medicaid Health IT Plan (SMHP) and will promote digital health literacy and effective use of health IT among Medicaid providers and beneficiaries in the District.

Activity

Draft recommendation to the HIE Policy Board on a list of minimum core competencies for DHCF's current and future digital health technical assistance efforts in the District.

Problem Statement

As several technical assistance and outreach programs that support the health IT/exchange needs of Medicaid providers in the District have come to a close at the end of FY21, many new opportunities arise to improve the uptake and use of digital health resources from a patient-centered approach.

Expanded access to electronic health records with tools such as patient portals, telehealth, eConsent and advance directives is designed to allow beneficiaries, patients, and their caregivers to express their preferences for information sharing and care delivery. Implementing these new approaches to collecting patient preferences will also require education and training in the form of community-led technical assistance efforts to ensure these tools are most effectively used to promote patient-centered care. The Stakeholder Engagement subcommittee of the DC HIE Policy Board proposes a set of minimum DC digital health core competencies to address the growing need for technical assistance to promote beneficiary and patient autonomy, privacy and security, and health literacy.

Competency #1: Digital Health Proficiency to Support Patient-Centered Care

I. Health Information Exchange (HIE)

- a. Understand the function and structure of the DC Health Information Exchange.
- b. Identify benefits/risks of HIE for patients, providers, and government.
- c. Understand how DC HIE “use cases” are developed, governed, and integrated into workflow and patient interactions.
- d. Develop awareness of local and regional HIE entities, and national networks.

II. Electronic health records (EHR) systems

- a. Acquire knowledge of elements of a typical EHR system.
- b. Describe common and distinguishing functionalities of ONC-certified EHR systems.
- c. Describe the EHR functionality of messaging among different vendor systems.
- d. Describe the procedures for practice management supported by EHR vendor systems as well as current billing code systems.
- e. Have awareness of current industry data interoperability standards.
- f. Acquire proficiency with the setup and use of common patient portals and secure messaging.
- g. Understand the EHRs’ ability, in accordance with applicable law and practice, to electronically submit public health data to the District’s public health agency (DC Health) in a meaningful way.

III. Telehealth

- a. Understand the purpose of utilizing telehealth modalities in patient care, and the regulatory structure of telehealth in the District.
- b. Understand approaches and reimbursement of telehealth and remote patient monitoring.
- c. Acquire proficiency with the setup and use of common patient portals, secure messaging, video conferencing, and mobile health apps.
- d. Understand how to deliver targeted assistance to implement telehealth and support the continued adoption efforts of digital health tools.
- e. Evaluate the differing needs to providing telehealth modalities to two groups of stakeholders: 1) providers and office staff and 2) patients and caregivers.

Competency #2: Health and Health System Knowledge

I. Social determinants of health (SDOH) and related health disparities

- a. Define and explain 'social determinants of health' and the concept of health disparities and inequities.
- b. Analyze how the environment and personal health are interrelated and how specific factors (determinants) contribute to health disparities.
- c. Identify groups that are most affected by health disparities.
- d. Evaluate how health disparities impact people in the local community (school, town, etc.) and at a national level.
- e. Describe the roles that access to, knowledge of, and confidence in the use of digital health tools play as social determinants of health.

II. Privacy and security of health data

- a. Define and discern the differences between privacy, confidentiality, and security.
- b. Discuss methods for using digital health tools to protect privacy and confidentiality.
- c. Describe and apply privacy, confidentiality, and security under the tenets of HIPAA Privacy and Security rules, as well as more restrictive federal, state, and local privacy and security policies (e.g., 42 CFR Part 2, DC Mental Health Information Act, etc.).
- d. Discuss the intersection of a patient's right to privacy with the need to share and exchange patient information.

III. Health literacy/health behavior and behavior change

- a. Describe an overview of the current state of patient engagement and policy goals for the future.
- b. Discuss best practices for behavior change interventions.
- c. Compare behavior change models (e.g. Health Behavior Model, Transtheoretical/Stages of Change Model, Theory of Reasoned Action/Theory of Planned Behavior, Chronic Care Model, etc.).
- d. Design individual behavior change interventions.
- e. Promote and evaluate behavior change.

IV. Value-based care

- a. Describe in general terms the features of the fee-for-service health care system and outline why this payment model is changing.
- b. Describe the overall value and goals of value-based care from various stakeholder perspectives.
- c. Discuss the types of digital health that support value-based care.
- d. Define care management and explain why it is central to value-based care.
- e. Discuss how digital health can be used to support appropriate care and decrease waste/overutilization.
- f. Identify the characteristics and categories of quality metrics and how they are calculated.

Competency #3: Leadership and Management Skills

I. Process change implementation and evaluation

- a. Understand principles of quality improvement, including knowledge of Plan-Do-Study-Act (PDSA) cycles and patient safety.
- b. Propose strategies to gain acceptance of changes in work processes, including patient interactions.
- c. Develop a process change implementation plan for a health care facility that includes tasks to be accomplished, responsible parties for tasks, a timeline, and the human and material resources needed.
- d. Outline elements of an evaluation plan that will help determine the success of a workflow process change implemented in a health care facility.
- e. Describe how the workflow analyst can help a health care facility continually improve its workflow processes, based on results of ongoing evaluations.

II. Customer service

- a. Identify ethical and cultural issues related to communication and customer service in the health care setting.
- b. Describe the different facets of digital health customer service.
- c. Identify digital health customers and stakeholders.
- d. Identify digital health customer and stakeholder needs based on roles and context.

III. Effective communication and relationship building

- a. Explain the purpose and goals of professional communication.
- b. Discuss the characteristics of effective and ineffective communication.
- c. Identify communication needs of common roles in health care.
- d. Explain the importance, elements, and processes of patient-physician communication.
- e. Explain the importance of interpretation and translation services and assistive communication devices, as well as how to access them.

IV. Cultural responsiveness

- a. Identify different dimensions of diversity.
- b. Discuss the value of diversity.
- c. Describe ways to promote an inclusive work and patient care environment.
- d. Identify common cross-cultural differences.
- e. Describe ways to communicate effectively with individuals with disabilities.
- f. Discuss key elements of cultural responsiveness in health care.

Recommendation for Board Action



Board Actions:

- The Stakeholder Engagement subcommittee proposes that the DC HIE Policy Board approve the establishment of DC digital health core competencies, pending feedback from the Board that is provided prior to and during the January 20, 2022 quarterly meeting. Additionally, the Board recommends that the function of updating the list of sub-competencies will become the responsibility of the HIE Stakeholder Engagement Subcommittee.
- Furthermore, the Board recommends that DHCF require all DHCF funded digital health technical assistance programs to implement relevant elements of the core competencies as one component of program goals. The funding recipients will coordinate with DHCF to determine which elements are applicable to their respective programs. DHCF will be expected to provide an update on the implementation of the recommendations at the April 28, 2022 HIE Policy Board meeting.



Discuss New Concepts in the 2022 State Medicaid Health IT Plan (SMHP) Update

- **Allocated Time: 3:30- 4:00 PM (30 mins.)**

Objectives for today's SMHP Special Session

- Review and discuss feedback provided to ensure that the 2022 SMHP Update:
 - Clearly describes the establishment and expansion of the DC HIE Network, including
 - Clearly describes the DC HIE as a health data utility model of regulated public-private partnerships, with a foundation in community governance and regional partnerships
 - Assesses how the health IT and HIE landscape has changed since the 2018 SMHP
 - Ensure that recommendations reflect the needs articulated by stakeholders as well as gaps identified in the Roadmap Evaluation.
- Share additional feedback on the document
- Inform revisions to the SMHP 2022 Update that will be published and submitted to CMS in March.

SMHP Stakeholder Review Period Generated Positive and Substantive Feedback

Stakeholder Review Period (January 20 – February 3, 2022)

- Emails sent to approx. 54 organizations
- 30 comments received during the review period

Feedback included:

- Improving the definition of digital health and its components
- Clearly defining the health data utility model
- Explaining the shift from HITECH to Medicaid Enterprise System (MES) funding
- Need to improve connectivity among independent providers
- Expanding engagement to be more inclusive of social service organizations as well as parts of the District health system that are not Medicaid providers
- Need for clarity on HIE use cases versus priority areas for the broader umbrella of digital health

Expanding beyond health IT: Digital Health

- Digital health, or digital healthcare, is a broad, multidisciplinary concept that includes an intersection between technology and healthcare.
- The pandemic expanded our need and focus to areas such as telehealth and remote patient monitoring – areas that expand beyond ‘health IT’ which often associates more directly to provider facing tools and services (e.g., EHRs, HIE, etc.).
- Newer DHCF projects such as SUD consent management and advance care planning have also begun to expand in the direction of patient facing technologies to capture patient choice in information sharing and care delivery.
- We used FDA’s definition of Digital Health in our 2022 SMHP:
 - *Digital health is a broad scope of categories that include mobile health (mHealth), health information technology (Health IT), wearable devices, telehealth and telemedicine, and personalized medicine.*

The DC HIE is a Health Data Utility

Health data utility model is the idea that utility makes it possible for health information to flow across diverse electronic health care systems [Page 3]

- Standards-based, governance led
- Ensures care partners are:
 - Digitally connected to each other
 - Able to view the same information regarding the individuals they collectively serve
 - Use the same “language” regarding symptoms and therapies

The DC HIE is a Health Care Data Utility Cont'd

Other references to 'health data utility' in the SMHP include [Page 42]:

- The District and CRISP DC, as the District's Designated HIE, view the overall system and DC HIE marketplace as a health data utility that can exchange electronic health-related data across the network of care within the governance model described in the previous sections.
- The DC HIE, as a health data utility, is a public good enabled through cross-sector partnerships that provides shared services and fosters a culture of shared responsibility for ensuring the availability and quality of actionable information. In this model, the primary value of the tools and resources is the extent to which each can draw data from across the network to support user stories – real world examples – that demonstrate ways health information exchange is essential to high quality, person-centered care.

Let's Discuss 'Health Data Utility'

1. Which reference in the SMHP presents a better definition for health data utility?
2. How should a health data utility be funded (fee structures and or grants)?
 - Public?
 - CMS/other federal agencies?
 - Local DC government sources?
 - MCOs/other private payers?
 - Other health system stakeholders?

The Shift from HITECH to MES and other funding sources

- Under HITECH, DHCF and CRISP DC designed, developed, and implemented a set of five initial Core Health Information Exchange (HIE) Capabilities that enable the priority use cases listed in the 2018 State Medicaid Health IT Plan and have been certified by CMS as meeting necessary standards as a component of the District's Medicaid Enterprise System.
- With the HITECH funding sunset in 2021, DHCF transitioned to Medicaid Enterprise Systems (MES) funding for the continued Design, Development, and Implementation (DDI) of HIE tools and services in the District.

The transition from HITECH includes the following:

- Operations and maintenance (O&M 75/25) funding for the continued maintenance and operations of the core HIE capabilities implemented under HITECH. **(CMS Approved: FY21)**
- Design, development, and implementation (DDI 90/10) funding to enhance the six DC HIE core capabilities, including advance care planning, consent management, and analytics for population health management to promote usability of the DC HIE and further increase interoperability among District providers. **(CMS Approved: FY22)**
- Utilize American Rescue Plan Act of 2021, Home and Community-Based Services to provide opportunities for: **(CMS Approved: FY21)**
 - (a) promoting interoperability with incentives to HCBS providers for meeting milestones to select, adopt and implement CEHRTs or approved case management systems; and connect providers to the DC HIE.
 - (b) telehealth technical assistance and training to HCBS providers to promote the adoption and use of telehealth services.

The 2018 SMHP defined 4 HIE Use Cases to Prioritize. Since then, 2 additional priority areas emerged



Transitions of Care for Individuals

Technology that supports transitions of care will help health providers and CSPs facilitate communication across care settings, make timely referrals and exchange summary records, and access available resources.



Social Determinants of Health Data

Collection, exchange, and use of SDOH data will maximize interventions to support individual health, reduce barriers to access, and improve the efficiency of person-centered services.



Population Health Management

Health analytics include a broad category of data tools, algorithms, and visualizations that will be designed to facilitate a provider's understanding of their patient population and develop targeted interventions to better manage population health.



Public Health

The District's public health projects will focus on ways HIE can work with DC Health's existing infrastructure and programs to expand public health HIE connectivity, facilitate public health case reporting, and support public health registries for all providers in the District.

2018
SHMP
Use
Cases

Use Case

Objective



Behavioral Health Transformation

Uses of Health IT and HIE that support a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable. Integrated care models ensure that mental health, substance use disorder, primary care, and specialty services are coordinated and delivered in a manner that is most effective in caring for people with multiple health care needs and produces the best outcomes.



Telehealth

Telehealth is a modality of care that delivers healthcare services through two-way, real-time communication for the purpose of evaluation, diagnosis, consultation, or treatment.

Additions
since
2018

HIE Use Cases or Digital Health Priority Areas?

Should we define the following six (6) areas as DC HIE Use Cases?

	Use Case		Use Case
	Transitions of Care for Individuals		Public Health
	Social Determinants of Health Data		Behavioral Health Transformation
	Population Health Management		Telehealth

Or Digital Health Use Cases?

Or Digital Health Priority Areas?



Discuss Recommendations in the 2022 SMHP Update

- **Allocated Time: 4:00 - 4:45 PM (45 mins.)**

As we go through each recommendation, keep the following 2 questions in mind...

1. Do you have any suggestions to improve or enhance this recommendation?
2. Does this recommendation reflect the needs articulated by stakeholders as well as gaps identified in the Roadmap Evaluation?

Recommendation #1: Develop and publish a bi-annual evaluation and strategic plan, including metrics to effectively assess digital health impact

- Why is this important?
 - Gain ongoing stakeholder feedback on the District's progress and strategy.
 - Digital health, including telehealth services, eConsult, remote patient monitoring and other new technologies are emerging.
 - Though the initial HITECH act requirement to publish a strategic plan (the SMHP) has technically concluded, stakeholders appreciate the opportunity to provide input and direction for District and Federal investments.
- The strategic plan should revisit the vision and goals of the DC HIE across governance, collaboration/engagement, reporting of progress, and drive overall accountability.
- DHCF and DC HIE stakeholders will need to engage national experts to develop and implement non-burdensome measures that correspond with the Health IT and HIE Evaluation Framework's "Use" and "Improve" domains, intended to monitor the dependence of care delivery improvement on health IT and health information exchange.

Recommendation #2: Broaden and deepen investment in the DC HIE to address gaps and build digital health capacity

- Why is this important?
 - If DC HIE is going to meet expectations with respect to adoption, exchange and use in the timeframes that have been set, then additional funding is needed and should be distributed across ALL stakeholders.
- Implement refinements to the DC HIE itself, such as enhancements to improve usability of existing tools and efforts to support more effective access to CEHRTs
- Promote adoption by providers and organizations not actively using DC HIE tools and support certain providers to develop their internal HIT infrastructure.
- District agencies were considered priority opportunities to build capacity and value of DC HIE:
 - Public school system – school health center utilization data; school participation and absenteeism
 - Department of Human Services – SNAP/TANF/Rental Assistance eligibility and enrollment; Intensive case management services for marginalized youth, shelter utilization and participation in the Homeless Services Programs
 - Department of Health – Refinements to current efforts to streamline data sharing with the DC HIE, including immunization / COVID-19 information; prenatal and infant screening; chronic disease registry information, advance care planning Department of Corrections – Re-entry services program, prison health, SUD, mental health, and women’s services programs

Recommendation #3: Invest in District-wide population health management analytics, including access to priority data

- Why is this important?:
 - Creation of population health analytic tools and improving access to certain data can support provider's ability to manage their patient panels and clarify community need.
- Tailored tools could be developed that allow providers to explore specific areas of inquiry – such as diabetes control or compliance with medications or potentially using a measurement-based care model.
- Priority data identified included eligibility/enrollment in public sector programs (e.g., Medicaid, SNAP/TANF, rental assistance, intensive case management, etc.), and chronic disease status
- Make analytic tools available to all providers and other HIE end users that facilitate access to standard metrics such as total cost of care, frequency of emergency department (ED) utilization, frequency of readmission, incidence of chronic and complex conditions.

Recommendation #4: Engage CBOs and facilitate partnership with clinical providers to expand access and use of social needs information thru the DC HIE

- Why is this important?
 - Access and exchange of social needs information – particularly housing and nutrition – through the DC HIE supports whole person care.
- Develop refinements to the DC HIE CoRIE functionality that promote access and engagement in the DC HIE among CBOs / social service agencies.
- Explore what new use cases would be most beneficial for CBOs, the provider network, and Medicaid beneficiaries to integrate social needs data, drive their interest, and maximize value.
- Diversify Boards and Committees across various governance structures to ensure that the full breadth of partners – particularly those that are representing new and emerging use cases – including CBOs and other less-well represented groups, including behavioral health and long-term care.
- Fund pilot projects to test use cases and specific value-added collaborations between clinical providers and non-clinical CBOs/social services agencies.

Recommendation #5: Enhance the DC HIE consumer experience, for both providers and patients.

- Why is this important?
 - Design and technological enhancements to the DC HIE that improve consumer experience, practice operation or reduce provider burden can support consistent access and use.
- Conduct usability and/or user-experience testing for all DC HIE services to ensure they are user-friendly and person-centered.
- Ensure HIE, provider and payer compliance with the [CMS Patient Access Rule](#) and other regulations.
- Incorporate direct messaging or secure email for providers.
- Facilitate the ability for providers to more easily download and/or print certain aspects of the patient record.
- Facilitate patient access with the ability to view, download, transmit certain aspects of their medical record.

Recommendation #6: Improve marketing and communication to increase awareness of the DC HIE.

- Why is this important?
 - Targeted, multi-faceted communications, promotional efforts, and technical assistance can help ensure provider awareness and appropriate use of DC HIE.
- Develop evidence-informed practice guidelines, protocols, and tools that support the use of the DC HIE to exchange information.
- Continue partnering with the HIE Policy Board's Stakeholder Engagement Subcommittee to promote and facilitate engagement with the DC HIE.
- Engage healthcare professional organizations as key partners to promote access.
- Recruit DC HIE champions who can support the creation and implementation of the communications and promotional efforts.
- Continue to explore ways to facilitate the adoption of certified EHRs that have enhancement functionality that promote HIE.

Feedback received on targeted outreach and education to support use of technology

- Targeted campaigns to full integrate independent medical providers to HIE:
 - Metrics in the SMHP emphasize adoption of various systems by hospitals and FQHCs – there is still a lack of uptake by independent and small practices.
- MSDC proposed working with DHCF and CRISP to create outreach campaign to:
 - Identify practices not fully integrated into DC HIE
 - Train practice staff on implementation and usage
 - Create tools and templates for new practices to integrate into the HIE when establishing a practice

Discussion: Are there other ideas for targeted campaigns and partnerships to support access and use of technology?

Recommendation #7: Develop and promote payment models and provider incentives to drive adoption and use of the DC HIE.

- Why is this important?
 - Provider-based incentives to promote DC HIE access and use can, in turn, support facilitating outreach/follow-up, care coordination, care transitions, and other population health management.
- Develop enhanced payment mechanisms that incentivize providers to use the DC HIE to support initiatives that enhance patient care with respect to evidence-based outreach, screening, assessment, and treatment regimens.
- Explicitly link provision of technical assistance (TA) services promoting access and use to incentives that encourage access, adoption, and actual use of DC HIE among specific provider types
- Explore additional opportunities to incentivize participation in the DC HIE through MCO contracts and MCO/Provider payments.
- Build on and refine efforts of the HIE Policy Board's Stakeholder Engagement Subcommittee to generate new ideas about incentivizing participation in the DC HIE.

Additional Recommendations?

Discussion:

Are there additional recommendations for areas that we should prioritize over the next few years? (e.g. public health, leveraging new funding sources)



Additional Public Comments

- **Allocated Time:** 4:45-4:55 PM (10 mins.)



Announcements/ Next Steps/ Adjournment

- **Allocated Time:** 4:55 – 5:00 PM (5 mins.)

DC HIE Policy Board Quarterly Meeting – April 28, 2022

Next steps for 2022 SMHP Update Submission

DHCF will review today's feedback as well as all written comment submissions internally. These will be used to inform any edits made to improve the final SMHP.

DHCF staff may also reach out to you over the next couple of weeks to discuss feedback, as needed.

On March 31, 2022, DHCF will submit the final *2022 SMHP Update* to CMS and publish the document: <https://dhcf.dc.gov/hitroadmap>

Once again, thank you to everyone who submitted feedback during the review session. We'd also like to thank everyone who participated in today's conversation!!



Reference Slides

2022 SMHP Update Reviews Progress to Date and Sets Future Directions

- HCRIA worked in partnership with DC Primary Care Association and its subcontractor, John Snow, Inc. (JSI) to gain community feedback on Health IT and HIE investments since 2018:
 1. Conduct 41 interviews and 11 focus groups with stakeholders between June – August 2021.
 2. Gather and analyze quantitative data on HIE utilization patterns.
 3. Develop case studies and recommendations for the 2022 SMHP.

2022 SMHP Updates Addresses Several Issues to Set Context

- Building the DC HIE as a *health data utility* model of regulated public-private partnerships, with a foundation in community governance and regional partnerships
- Establishing and Expanding the DC HIE Network:
 - Finalizing the DC HIE Rule, formally establishing the DC HIE and implementing robust governance policies to regulate the DC HIE partners
 - Expanding the DC HIE network of participating providers
 - Enhancing the design, development and implementation of DC HIE core capabilities (i.e. technical services) for District providers
 - Facilitating the use of the DC HIE by multiple partners

Measurement Based Care

Current definition of Measurement Based Care in SMHP draft:

“Measurement-based care is a framework that allows providers to assess a comprehensive patient care plan at every (or nearly every) session and collecting patient-reported outcome measures throughout care to track progress over time.”

Proposed update to definition of Measurement Based Care:

“Measurement-based Care (MBC) can be defined as the practice of basing clinical care on client data collected throughout treatment. MBC provides insight into treatment progress, highlights ongoing treatment targets, reduces symptom deterioration, and improves client outcomes.”

DC HIE Demonstrated Substantial Progress to Expand the Network of Participating Providers

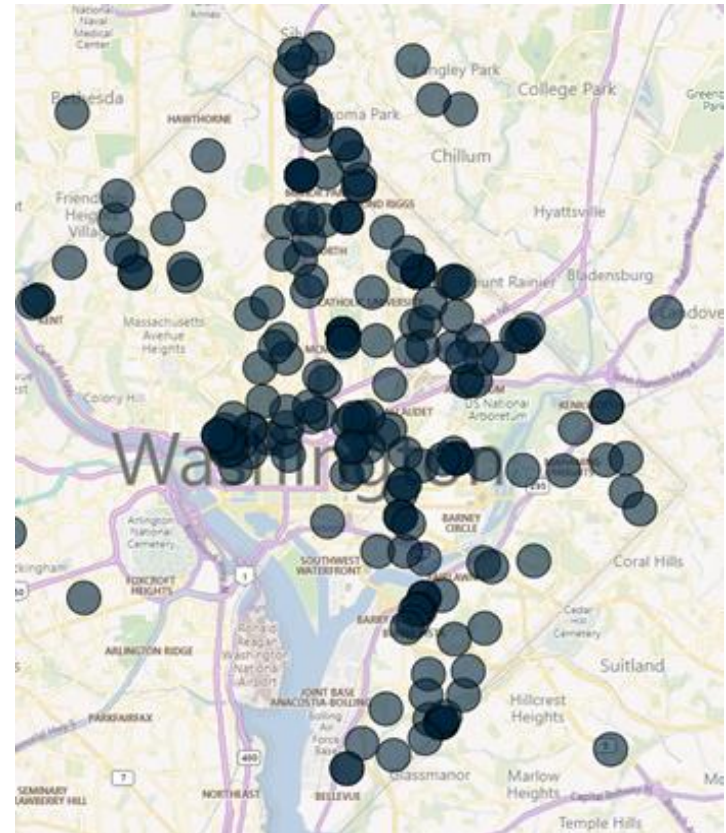
Today Major Providers and Health Systems are Connected:

- 8 Acute Care Hospitals (all)
- 36 Long Term Care Facilities, including 15 Nursing Facilities;
- 20 Home Health Providers
- 8 Federally Qualified Health Centers (all)
- 30 Behavioral Health Providers

DC HIE Use at a Glance (as of October 2021):

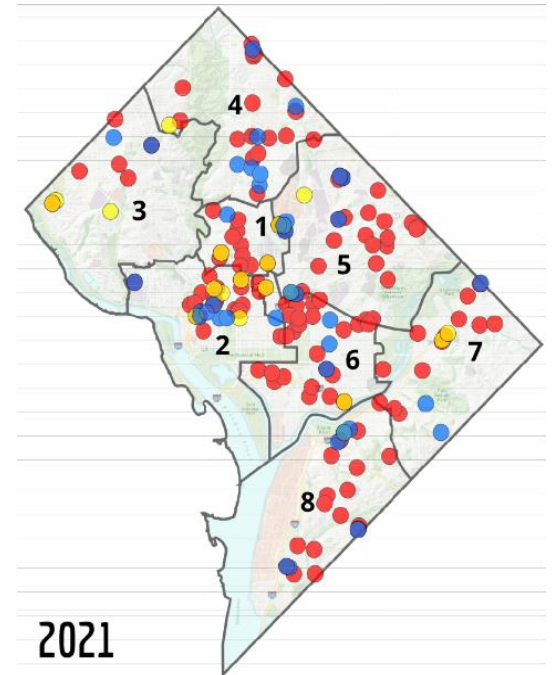
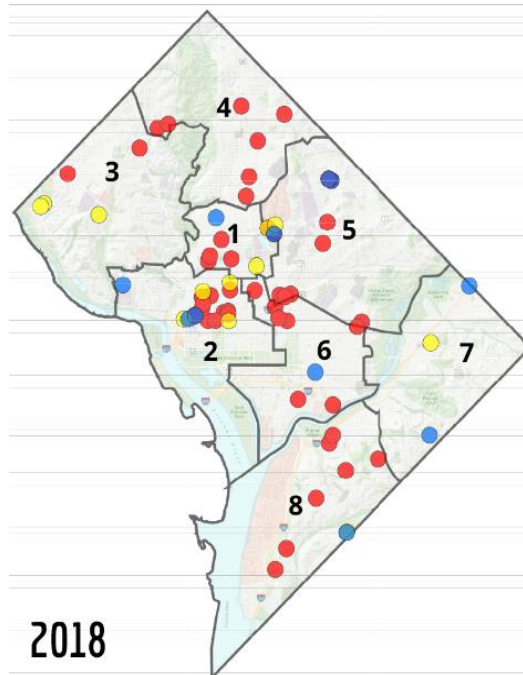
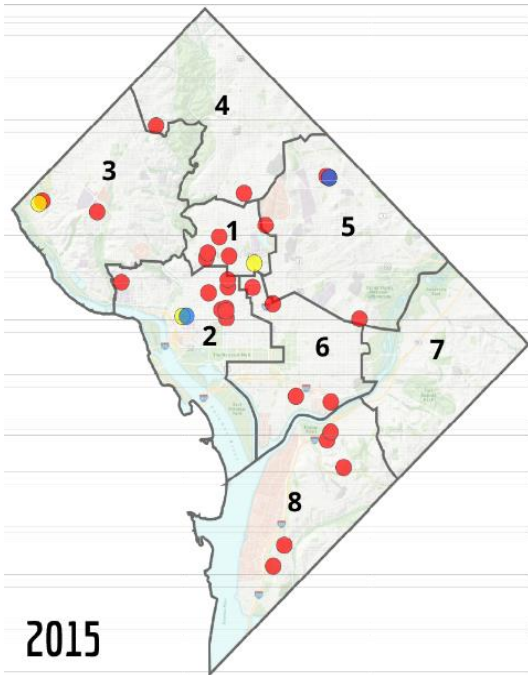
- **12,000+ approved users of the DC HIE**
- **Patient Care Snapshot (Monthly Query)**
 - 1,208 users
- **Encounter Notification Services access**
 - 572 locations
- **Sharing Admit, discharge, transfer**
 - ~300 locations
- **Sharing Clinical care documentation**
 - 160+

DC HIE Connectivity: DC and beyond the borders of the District

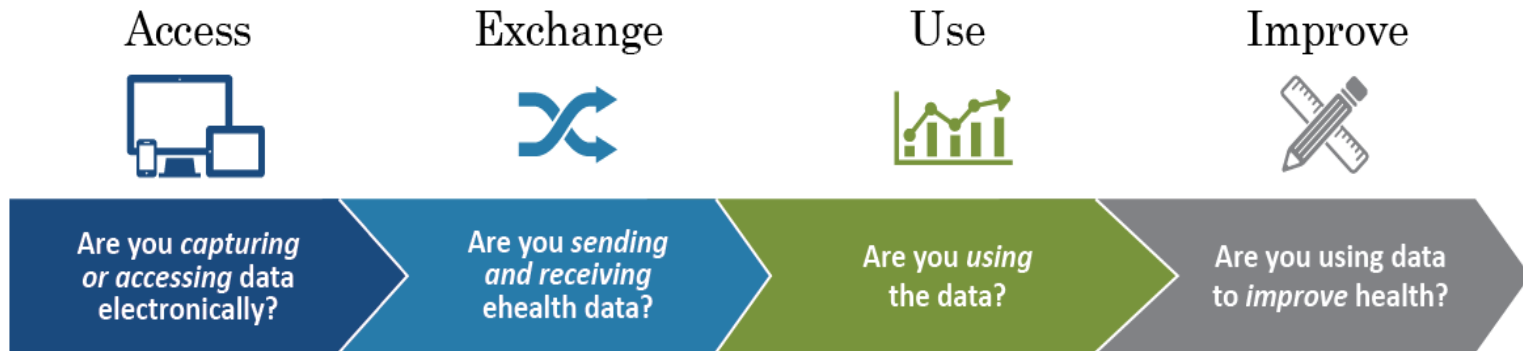


3 Tiers of Connectivity Reflect Growth of the DC HIE Network and Increasing Sophistication of Use

- **Tier 1** represents organizations that can *receive ENS alerts and use CRISP's Portal*
- **Tier 2** represents organizations that are able to *send ADT data to the DC HIE*
- **Tier 3** represents organizations that can *send clinical data to the DC HIE*.



Measuring Progress is Critical to Sustaining HIE in the District



- DHCF had developed an Evaluation Framework for Health IT and HIE in the 2018 SMHP.
- This Framework and a set of corresponding metrics for each of its four domains was used to assess the District's progress and quantitatively evaluate health IT and HIE improvements.

DC HIE is now a stable, sustainable network, with committed partners and tools that are widely adopted across the care continuum

- Investments in connectivity outreach, engagement, and technical assistance supported growth in DC HIE participation.
- Implementation of Single Sign On and the CRISP App Streamlined Access to DC HIE Tools.
- Nearly all Medicaid beneficiaries today have a provider who is sending and receiving data through the DC HIE.
- CoRIE Project expanded sending, receiving, and exchanging capabilities to include Community Based Organizations.

DISTRICT REGISTERED HIE ENTITIES



- Is a HIE entity that **meets or exceeds privacy, security, and access requirements** for health information exchange.
- Receives **key opportunities** to engage in discussions with other DC HIE entities.
- The District Registered HIE Entity status is awarded for a term of **three (3) years**.

DISTRICT DESIGNATED HIE ENTITY

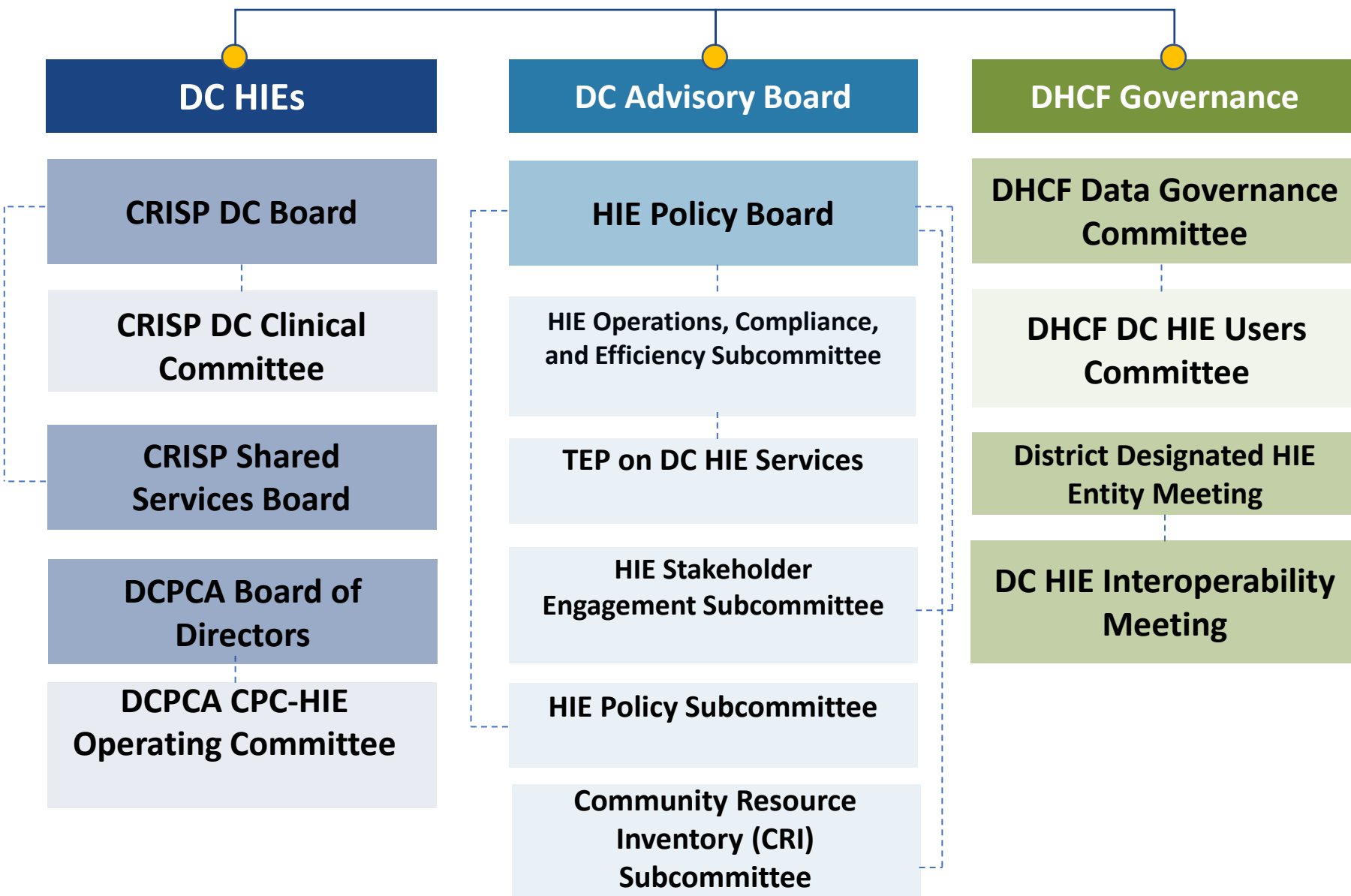


- Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.
- Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services**.
- The District Designated HIE Entity status is awarded for a term of **five (5) years**.

The DC HIE Registration Application
is accepted on a rolling basis

The DC HIE Designation Application closed
September 18, 2019

REGIONAL HIE REQUIRES MULTI-STATE, MULTI-STAKEHOLDER GOVERNANCE



The DC HIE is a Health Data Utility with Six (6) Reliable Core Capabilities for Providers

Critical Infrastructure
(e.g. Encounters and Alerts)
Lookup)



eConsent



Registries



Directory and Secure Messaging



Screening and Referral
(e.g., SDOH)



Advanced Analytics for Population Health Management



ADT Alerts

eConsent Solution

Care Management Registry

Provider Directory

eReferral Screening

CRISP DC Reporting Services



Health Records

-SUD (42 CFR Part 2) Data
Consent
-HIPAA Consent
-Telehealth Consent

Advance Directives/ eMOST

Community Resource Inventory

-Mapped screening data for housing and food insecurity
-eReferral

Performance Dashboards



Patient Snapshot



Image Exchange

Collaborative case studies highlight interagency partnerships to design new DC HIE use cases

- Department of Energy and Environment (DOEE) Lead Registry
- DC Health's Response to the Covid-19 Pandemic, Lab Reporting and Vaccine Tracker
- Building trusted partnership to enable connectivity and bi-directional exchange among District pediatric providers
- Open-Source eConsent Solution and partnerships enable regional and national technology sharing across state lines and region"